nous, and remarkable for her constant repetition of the word "sinner" with every variety of intonation. Wine and bark were, as during her former attack, resorted to, but symptoms of slight effusion in the brain caused its suspension. She recovered after a few weeks so as to be up and dressed, but with the loss of power to pronounce any word except the one she had so often repeated during her fever. This she made serve to express all her ideas; for denial she shook her head and said "sinner:" assent was expressed by the same word, and bread and butter was called "sĭn-ŭn-sĭnnĕr." She perfectly understood all that was said to her, and appeared capable of reading her usual lessons. Blisters were applied behind her ears, and small doses of mercury administered, and at the same time her mother and family were instructed to teach her as they would an infant to talk. I also took opportunities of showing her, by exaggerated motions of my mouth and throat, the way of forming the letters, in the manner in which the born deaf and dumb are instructed, and found her intelligent and ready. She soon acquired the word "yes," and other elementary expressions, and by the end of the spring was able, as her mother told me, "to talk like an old woman." Symptoms of consumption had, however, appeared, and she died this last summer under the care of another medical man, whose kind efforts to obtain a post-mortem examination for me were unavailing."

Dr. Chambers, in his remarks upon these cases, observes, "the instances usually cited of the loss of memory on special subjects are where it has been the consequence of blows or some such external injury to the head; still both it and general loss of memory will occasionally follow typhus fever. In some epidemics it has done so with such marked frequency as to form one of the characteristics of the prevailing disorder. This was the case in the great plague of typhus which followed the famine at Athens in the Dorian war, as we learn from Thucydides (book ii. cap. 49), where he tells us that of those who recovered, some entirely lost the recollection of their former associates, and some even the idea of their own personal identity. The symptom is an unfavourable one at all times, as showing that material mischief is done to the brain, but it is much less unfavourable when a consequence of fever, than where, as in the case of the German bootmaker lately cited, it commences the illness. The history I have related is sufficient to show it to be curable."

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25. *Acute Tuberculosis of the Lungs.* By Professor Hasse.—Acute tuberculosis of the lungs seems to originate wherever, through existing disposition, the mass of fluids have become so saturated as, on a slight occasion, to throw out an inordinate quantity of tuberculous matter. The most frequent occasion is a catarrhal affection: indeed the disease seldom occurs unless thus preceded. Acute tuberculosis may arise either in persons previously free from tubercle, or else in those in whom manifest traces of previous tubercular affection are discoverable; or, finally, it may be grafted upon phthisis already present in a chronic form. Accordingly two forms may be discriminated, a primary and a secondary. The first attacks persons between the ages of 15 and 25, more especially the male sex; the latter those in the prime of manhood, or even advanced age. In very marked cases, one or both lungs are found uniformly loaded with tubercles from the apex to the base. These are always of the miliary form, mostly yellowish and soft, but occasionally gray and more solid. The colour and consistence depend upon the degree of irritation produced in the surrounding textures. The yellow and soft tubercles are found in the centre of a group of red or gray hepatized pulmonary cells, while the gray tubercles are imbedded in a tissue saturated with bloody serum. When the disease is slower in its course, the tubercles are less uniformly miliary, being in a great measure united into little groups, and more densely crowded at the apex than in the base of the lung.

Acute tubercular phthisis proves invariably fatal, very often during the third week. The vital symptoms are very peculiar, bearing so close a resemblance to those of typhus as to lead to mistakes. The diagnosis can only be determined by the stethoscopic signs, and sometimes by the continuance or frequent recurrence of hemoptysis. On examination after death, one or both lungs are found greatly enlarged; they do not collapse when the thorax is opened, are dark-coloured,

and gorged with blood and serum. The numerous and equally distributed tubercles have everywhere the same character, a sure proof of their simultaneous origin. They are surrounded for a line's breath by inflamed, if not hepatized, parenchyma: the inflammation seldom, however, extends to any distance, so that, notwithstanding the great multitude of tubercles, pulmonary cells, still permeable and comparatively healthy, are everywhere to be seen. Adhesions between the pulmonary and costal pleuræ are never met with, unless of earlier date. Miliary tubercles are sometimes seen upon the pleura and other serous membranes; in rare instances also beneath the arachnoid. All the solids and fluids of the body suffer a change, inasmuch as a rapid exosmosis of serum is determined, and liquid effusion tinged with blood accumulated in all the serous cavities.—*Anatomical Description of the Organs of Circulation and Respiration*, translated by Dr. SWAINE.

26. *The Therapeutics of Hydatid Formations*.—KLENCKE found laurel-water to act as an active poison to the cysticercus. Other therapeutic agents possessing this property with regard to hydatids in general, are camphor, æthereal oil of cubebs, acetic acid, balsam of copaiba, spirits of turpentine, ammonia, and the carbonates. Klencke found electricity to be a powerful destructive agent. He tried it clinically, indeed, on a man aged 54, who passed acephalocysts and echinococci with the urine. For this purpose he introduced one pole of a small galvanic battery through a glass catheter into the bladder; the other pole was sometimes applied externally to the abdomen, sometimes by means of a glass tube to the rectum, and sometimes to the lumbar region, with the best results, dead hydatids being discharged about four hours after each application, until they ceased altogether.—*British and Foreign Med. Review.*

[REMARKS.—Klencke elsewhere observes, that alcohol, iodine, bile, and *urine*, act as poison to the acephalocysts and echinococci; but that they suffer no change from antimony, arsenic, or mercury. If it be correct that these animals are destroyed by immersion in urine, a difficulty becomes attached to the above case, in which electricity was found necessary to destroy the vitality of echinococci passing from the bladder. Common salt also appears to have a destructive effect upon these parasites. Dr. Budd alludes to the fact, that sheep fed in salt marshes are not liable to hydatid disease.

The above facts are, however, of great importance, as affording reasonable clues to the proper means of treating hydatid disease, constitutionally and locally. Klencke's microscopical researches have rendered it almost a matter of certainty that hydatids find entrance into the system by the circulation, and that their germs are carried through every part of the organism, and are deposited in its several tissues, by the blood; he has also shown the probability of the conclusion that hydatids first become stationary, by impaction of the germs or partly developed animals in some capillary vessels, the canals of which are too narrow to permit their transit; and here they form their nidus, enlarge, and germinate. Hence may be inferred the necessity of employing remedies calculated to act upon the whole mass of the fluids in all cases where hydatid disease presents itself, even in those instances where the parasites appear to have formed merely in some external structure, and where the evacuation of the hydatids and removal or injection of the cyst has hitherto been considered sufficient treatment. It appears to be fortunate that several of the substances which destroy hydatid life are capable of passing unchanged into the circulation; hence the administration of turpentine, cubebs, copaiba, iodine, hydrocyanic acid, alcohol, camphor, various salines, &c., in cases of this description, may be reasonably had recourse to. A singular illustration of the effects of alcohol upon some kinds of hydatids given by Klencke, in the case of a man who was for a time greatly relieved from cerebral symptoms (which were afterwards found to have depended upon the presence of acephalocysts, echinococci, and cysticerci in the brain), by drinking, in despair, a quantity of brandy. It is, however, not mentioned, in the account of the inspection, whether any collapsed hydatids were found in this person's brain. It would be interesting to ascertain whether individuals habituated to the use of ardent spirits are liable to become the subjects of hydatid disease, and whether the influence of alcohol, turpentine, iodine, &c., in the system, is capable of preventing hydatid